

2020

Application Received: _____

bellxcel™



**Wilkes-Barre Family YMCA
POWER SCHOLARS ACADEMY™
Enrollment Application
Wilkes-Barre Area School District**

**Return
Application by
May 21st to
Address on
Back**

The YMCA Power Scholars Academy™ is open to current students in PreK enrolled in Kindergarten at Wilkes-Barre Area School District, 1st, 2nd, 3rd, and 4th grades. Please complete the following information for each child you are applying for enrollment in the program. Incomplete applications will not be processed. Thank you!

Scholar#1 Name: _____
(Please Print) Last First Middle Application Date

Date of Birth: (mm/dd/yyyy) ____/____/____ Gender: (circle one) M F
Grade completed by June 2020 (Select one): ☐ PreK-4 ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th Current School: _____
Scholar's Home Phone: _____ Cell Phone: _____ Other phone: _____
Scholar's Home/Mailing Address: _____

Scholar#2 Name: _____
(Please Print) Last First Middle Application Date

Date of Birth: (mm/dd/yyyy) ____/____/____ Gender: (circle one) M F
Grade completed by June 2020 (Select one): ☐ PreK-4 ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th Current School: _____
Scholar's Home Phone: _____ Cell Phone: _____ Other phone: _____
Scholar's Home/Mailing Address: _____

Scholar#3 Name: _____
(Please Print) Last First Middle Application Date

Date of Birth: (mm/dd/yyyy) ____/____/____ Gender: (circle one) M F
Grade completed by June 2020 (Select one): ☐ PreK-4 ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th Current School: _____
Scholar's Home Phone: _____ Cell Phone: _____ Other phone: _____
Scholar's Home/Mailing Address: _____

Custodial Parent/Guardian #1: _____
(Please Print) First Name Last Name Parent Date of Birth

Relationship to Scholar: _____ Emergency contact/Allowed to Pick-up? Yes _____ No _____
Home Address: _____
Home Phone: _____ Cell Phone: _____ Other phone: _____
Email Address: _____

Parent/Guardian #2: _____
(Please Print) First Name Last Name Parent Date of Birth

Relationship to Scholar: _____ Emergency contact/Allowed to Pick-up? Yes _____ No _____
Home Address: _____
Home Phone: _____ Cell Phone: _____ Other phone: _____
Email Address: _____

Additional Emergency Contacts First & Last Name	Relationship to Child	Address	Cell/Other Phone	Allowed to Pick- up?
1.				Yes____ No ____
2.				Yes____ No ____
3.				Yes____ No ____

Child Release: I give the YMCA permission to release my child as indicated on the registration form. I understand that any changes to this information must be submitted in advance in writing to the program office. If there is a question about who my child is to go home with, my child will be kept at the program, I will be notified and I will be responsible for picking him/her up.

Parent/Guardian Signature

Date

Income Determination (do not leave blank): Are you employed? ___ Yes ___ No **Do you work?** ___ Full-Time ___ Part-Time

Please list <u>all</u> members of your household				
Family Members Name	Annual Gross Income (Earning from work <u>before</u> deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA benefits	CHECK IF NO INCOME
EXAMPLE: JANE SMITH	\$200.00/Weekly	\$150.00/ Twice a month	\$100.00/Monthly	
1.				
2.				
3.				
4.				
5.				

Is your child currently enrolled in?

• Before school care: ___ No ___ Yes Where: _____ Hours there: _____ #1 #2 #3
 • Afterschool care: ___ No ___ Yes Where: _____ Hours there: _____

Ethnicity Information:

**Please check one group that your child/children
most identify with:**

- ☐ Caucasian/White
☐ African American/Black
☐ Hispanic/Latino
☐ Native Hawaiian, Pacific Islander or other
☐ American Indian or Alaska Native
☐ Asian
☐ Two or More

Primary Language Spoken at Home:

- ☐ English
☐ Spanish
☐ Other, please specify _____

Secondary Language Spoken at Home:

Special Services: Please indicate which one of your children are:

		#1	#2	#3
Is your child eligible for ELL services?	___ Yes ___ No	___	___	___
Does your child participate in ELL services?	___ Yes ___ No	___	___	___
Does your child have an IEP?	___ Yes ___ No	___	___	___
Does your child have a TSS worker?	___ Yes ___ No	___	___	___
Can your child swim without a lifejacket or adult assistance?	___ Yes ___ No	___	___	___

Does your child/children have any special needs; developmental or physical disabilities, that we should be aware of – please describe?

Child/Children's T-shirt Size/s?

(Please - **no baggy T-shirts**, 1 per child and indicate # needed)

- ☐ Youth X Small ☐ Youth Small ☐ Youth Medium ☐ Youth Large
☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X Large

Would you like to volunteer with the program in any of the following ways? (All necessary criminal background checks will be required)

- ___ Parent Ambassador (Helps with scholar recruitment and program promotion)
 ___ Classroom aide
 ___ Breakfast aide
 ___ Lunch aide
 ___ Field Trip Chaperone
 ___ I have a special talent/interest and can provide an enrichment activity. Explain:

Health Information: Please indicate which one of your children:

	#1	#2	#3
Is your child on any medication? ___ Yes ___ No	___	___	___
Will medications be taken at Power Scholars Academy? ___ Yes ___ No	___	___	___
Name of Medication: _____ Side Effects: _____	___	___	___
Name of Medication: _____ Side Effects: _____	___	___	___
Name of Medication: _____ Side Effects: _____	___	___	___

If medications are taken during POWER SCHOLARS ACADEMY™ you will be asked to complete a Medication Consent Form upon enrollment.

Does your child/children have any allergies, diet restrictions or health alerts that we should be aware of? #1 ___ #2 ___ #3 ___

If yes, please explain (including the reaction and treatment required should your child become exposed to the allergen):

Did you participate in Power Scholars Academy in 2019? **Yes** **No**

If Yes, please respond to the following questions:

Did your student's attendance at school this year: a) improve b) stay the same c) get worse

Did your student's math skills at school this year: a) improve b) stay the same c) get worse

Did your student's reading skills at school this year: a) improve b) stay the same c) get worse

Please comment on any impact you believe Power Scholars has had on your child academically or otherwise at school?

Enrollment Paragraph: Please tell us, in 3 -4 sentences, why your child/children, would benefit from participating in the YMCA's Power Scholars Academy this summer? Does he/she have any special talents or interests? Any special needs or things that they need to improve? *(This question is not optional – it is a very important part of this application.)*

Attendance Pledge: Attendance at Power Scholars Academy is very important. Your child/children will not enjoy the benefits and gains expected if they do not attend on a regular basis. Please **sign below** to indicate your understanding of this requirement.

I understand that attendance in the YMCA POWER SCHOLARS ACADEMY™ is very important for my child/children. I pledge that if my child/children are accepted that I will make sure that she/he/they attend on a regular basis.

Parent/Guardian name _____

SEE NEXT PAGE FOR ADDRESS TO RETURN APPLICATION

Hurry! Don't miss out - Space is limited and applications will be processed as they arrive. If the program over-enrolls priority will be given to students with the greatest academic need. Acceptance letters will be mailed in mid-May. Program provision and student participation is dependent on program funding.

Additional applications are available on the YMCA website. www.wbymca.org/power-scholars or inquire at your school's office.

Submit completed applications no later than Thursday, May 21stth, 2020. Mail OR drop off at the YMCA.

Jennifer Brennan, PSA YMCA Coordinator
Wilkes-Barre Family YMCA
40 West Northampton Street
Wilkes-Barre, PA 18701

PLEASE DO NOT RETURN APPLICATIONS TO YOUR CHILD'S TEACHER OR SCHOOL. MAKE SURE ALL QUESTIONS ARE ANSWERED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.